

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: HALIFAX CO. C&DLFPermit: 4204 - C&DLF
1998Facility Website (URL): HALIFAXNC.COM

Physical Address		Mailing Address	
Street 1:	<u>921 LILES RD.</u>	Street 1:	
Street 2:		Street 2:	
City:	<u>LITTLETON</u>	City:	
County:	<u>HALIFAX</u>	County:	
State:	<u>North Carolina</u>	State:	<u>North Carolina</u>
Zip:	<u>27850</u>	Zip:	

Primary Facility Contact Person		Billing Contact Person	
Name:	<u>LARRY S. GARRISS</u>	Name:	
Phone:	<u>252-586-7516</u>	Phone:	
Fax:	<u>252-586-2685</u>	Fax:	
Email:	<u>SOLIDWASTE@EMPAARMAIL.COM</u>	Email:	

1. Tipping Fee: \$ 47⁰⁰ per Ton (Attach a schedule of tipping fees if appropriate.)2. Does the tip fee above include the \$2.00 Solid Waste Tax? ☒ Yes ☐ No

3. What other activities occur at this facility? (check all that apply)

34.35 T ELECTRONICS COLLECTED☒ Recycling/Reuse Collection ☒ Scrap Tire Collection ☒ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

☒ Paper _____ tons ☐ Fluorescent lightbulbs _____ tons ☒ Used oil/oil filters _____ tons ☒ Steel Cans _____ tons
☒ Cardboard _____ tons ☒ PETE (#1) Plastic _____ tons ☒ Aluminum Cans _____ tons ☒ Other Metal _____ tons
☐ Wood _____ tons ☒ HDPE (#2) Plastic _____ tons ☒ Computer Equipment _____ tons ☒ Televisions _____ tons
☒ Glass _____ tons ☐ Concrete/rubble/asphalt _____ tons ☐ Gypsum/drywall _____ tons ☒ Other Plastic _____ tons
☐ Shingles _____ tons ☒ Other (specify) SINGLE STREAM RECYCLABLES COLLECTED @
7-SOLID WASTE CONV. CENTERS.

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

4. Date Facility Last Surveyed: 6-16-135. Airspace Used (cubic yards): 100,5546. Total Tons Disposed in Airspace Used (tons): 76,7427. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

* APPROX. 19,500 PESTICIDE JUGS COLLECTED & RECYCLED

8. Total waste landfilled at this facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

[illegible]

Grand Total	3870.37
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9. Are there SWANA or other certified operator(s) at this facility? ☐ Yes ☐ No
If yes, indicate the following:

Name: LARRY D. GARRISS Certification type and expiration date: MOLO - 59084 + TRANS. STA.
Name: EDGAR P. STANFIELD Certification type and expiration date: OPER. SPEC. + TRANS. STA.
Name: MARVIN PATTERSON Certification type and expiration date: OPER. SPEC. + TRANS. STA.
Name: NATHANIEL SILVER Certification type and expiration date: TRANSFER STATION
Name: _____ Certification type and expiration date: _____

10. Comments, suggestions or notes:

STANFIELD, PATTERSON, & SILVER JUST RECENTLY ~~RE~~ ACQUIRED
CERTIFICATION. NEW NUMBERS NOT ASSIGNED YET.
EXPIRATION SHOULD BE JUNE OF 2014

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Larry D. Garriss Date: 7/25/13
Name: LARRY D. GARRISS Title: OPER. MGR.

Phone Number: 252-586-7516 Email: SOLIDWASTE @ EMBARRASMAIL.COM

Facility Name: HALIFAX CO. C&D LANDFILL Permit: 4204
Address: 921 LILES RD.
City: LITTLETON State: North Carolina Zip: 27850
Person completing Assessment: LARRY D. GARRISS Date: _____
Phone Number: 252-586-7516 Fax: 252-586-2485 Email: SOLIDWASTE@EMBARQMAIL.COM

Instructions:

Please indicate either Yes or No for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the Edge of Waste (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☒ Yes ☐ No
If Yes, how many? 1
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
Please list the names of the water bodies: BREWER'S CREEK
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)? ☐ Yes ☒ No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☒ Yes ☐ No
8. Is there groundwater remediation taking place on site? ☐ Yes ☐ No
If Yes, what is the specific remedial technology used? ALL SAMPLES TO DATE SHOW CLEAR

Comments